

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : **Customer No.: 035811**  
Examiner :  
Serial No. : 10/562,405  
Filed : December 23, 2005  
Inventors : Seiji Morii  
: Takae Ono  
: Haruyo Sato  
Title : PROCESS FOR PRODUCING  
: NITROGENOUS HETEROCYCLIC  
: COMPOUND

Docket No.: TIP-05-1799  
Confirmation No.: 6104

Dated: March 10, 2006

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**MAIL STOP PCT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**37 CFR 1.10**  
**EXPRESS MAIL CERTIFICATION**

“Express Mail” mailing label number: **EV 548524062 US**

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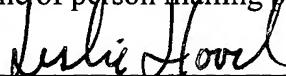
**DESCRIPTION OF CONTENTS:** Postcard, an Amendment Transmittal Letter, in duplicate, a Supplemental Preliminary Amendment, a Supplemental Information Disclosure Statement and Form PTO-1449 with a copy of the publication.

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to **Mail Stop PCT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Leslie Hood

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In re Application of Seiji Morii et al.

Serial No.: 10/562,405

Filed: December 23, 2005

For: PROCESS FOR PRODUCING NITROGENOUS HETEROCYCLIC COMPOUND

**Mail Stop PCT**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
			RATE	RATE
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	x 25 = \$	x 50 = \$
TOTAL * 18	- **20 =	0	x 100 = \$	x 200 = \$
INDEP. * 1	- ** 3 =	0		x 250 = \$
Application Size Fee First Presentation of Multiple Dependent Claim			+ 180 = \$	+ 360 = \$
TOTAL ADDITIONAL FEE			\$ _____	\$ _____
			OR	OR

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ \_\_\_\_\_ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

  
T. Daniel Christenbury  
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Attorney for Applicants

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